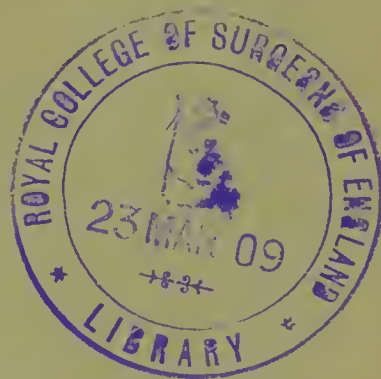


TUBERCULOSIS (INTERNATIONAL
CONGRESS of 1908).

(16)

COPY of REPORT of ARTHUR NEWSHOLME, Esq., M.D., Medical Officer of the Local Government Board, J. PATTEN MACDOUGALL, Esq., C.B., Vice-President of the Local Government Board of Scotland, and T. J. STAFFORD, Esq., C.B., F.R.C.S., Medical Commissioner of the Local Government Board of Ireland, the Delegates of His Majesty's Government to the International Congress on Tuberculosis, held at Washington from the 21st September to the 3rd October, 1908.

Presented to both Houses of Parliament by Command of His Majesty.



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1909.

[Cd. 4508.] Price 1½d.

REPORT on the PROCEEDINGS of the INTERNATIONAL CONGRESS on TUBERCULOSIS held at WASHINGTON from the 21st September to the 3rd of October 1908, and on Auxiliary Conferences in connection therewith held at Philadelphia, Baltimore, New York, and Boston, before and after the above Congress. By Arthur Newsholme, Esq., M.D., Medical Officer of the Local Government Board, J. Patten MacDougall, Esq., C.B., Vice-President of the Local Government Board of Scotland, and T. J. Stafford, Esq., C.B., F.R.C.S., Medical Commissioner of the Local Government Board of Ireland, the Delegates of His Majesty's Government to the above Congress.

LONDON, 9th *December* 1908.

MY LORD,

We have the honour to report that, in accordance with your instructions, we attended the International Congress on Tuberculosis held at Washington from 21st September to 3rd October. The first week was devoted to the examination and explanation of the exhibits from many countries, which were shown in the New Natural History Museum, the Head-quarters of the Congress.

The Congress was formally opened and the representatives of thirty-three different countries welcomed on the morning of 28th September by Mr. Secretary Cortelyou, who was supported on the platform by many distinguished Americans and by the official delegates of the Governments of foreign countries. In addition to your delegates, the Royal Commission on Tuberculosis was represented by Professor Sims Woodhead, and Dr. Philip was associated with Mr. MacDougall in the official report which was submitted to the Congress regarding the progress of the tuberculosis movement in Scotland. There were also present in large numbers the representatives of many British and Foreign Universities and voluntary associations, and an audience of about 4,000 persons.

The representative of each country gave brief expression to the interest which the crusade against tuberculosis has excited, and one of us had the honour of conveying to the Congress our entire sympathy with its objects, and of outlining the past work undertaken in different parts of the United Kingdom for the prevention of tuberculosis and the new work about to be inaugurated.

The work of the Congress, which occupied the entire week, was divided into seven sections. The first section dealt with the pathology and bacteriology of tuberculosis, Dr. Wm. H. Welch, of Baltimore, presiding over its meetings. The second section was concerned with the clinical study and therapy of tuberculosis—sanatoria, hospitals, and dispensaries, and had Dr. Vincent Y. Bowditch, of Boston, for its president. A third section dealt with the surgical aspects of tuberculosis; while a fourth, presided over by Dr. Jacobi, of New York, was concerned with the etiology, prevention, and treatment of tuberculosis in children. The fifth section, presided over by Professor E. T. Devine, of New York, considered the economic aspects of tuberculosis; and a sixth section, over which, Surgeon-General Wyman presided, dealt with the problems connected with the State and municipal control of tuberculosis. The seventh section was concerned with tuberculosis in animals and its relations to man, Dr. Leonard Pearson, of Philadelphia, being its president.

President Roosevelt was present at the closing session of the Congress, and gave an address which was enthusiastically received. In his remarks he spoke of the successful war against disease in the isthmus of Panama, which, instead of being a by-word for fatal disease, had become well nigh a Sanatorium; and of the campaign against the sleeping sickness, which is still in progress. This progress had been made possible by the turning of the trained intelligence of the medical world to the task. He concluded his remarks as follows:—

“ Now, more than ever, it is understood that the great chance
 “ for advancement of the human race in material things lies in
 “ the close relationship between men of practical affairs and
 “ men of science. I feel that no gathering could take place
 “ fraught with greater hope for the welfare of the people at
 “ large than this. I thank you all for what you have done and
 “ are doing. On behalf of the Nation I greet you, and I hope
 “ you will understand how much we have appreciated your
 “ coming here.”

The King of Italy invited the Congress to hold its next meeting in Rome, in 1911, and this invitation was unanimously accepted.

The following resolutions were unanimously adopted at the closing session of the Congress:—

Resolved: That the attention of the States and Central Governments be called to the importance of proper laws for the obligatory notification by medical attendants to the proper health authorities, of all cases of tuberculosis coming to their notice, and for the registration of such cases in order to enable the health authorities to put in operation adequate measures for the prevention of the disease.

That the utmost efforts should be continued in the struggle against tuberculosis, to prevent the conveyance from man to man of tuberculous infection as the most important source of the disease.

That preventive measures be continued against bovine tuberculosis, and that the possibility of the propagation of this to man be recognised.

That we urge upon the public and upon all Governments the establishment of hospitals for the treatment of advanced cases of tuberculosis; the establishment of sanatoria for curable cases, and the establishment of dispensaries and day and night camps for ambulant cases of tuberculosis, which cannot enter hospitals and sanatoria.

That this Congress endorses such well-considered legislation for the regulation of factories and workshops, the abolition of premature and injurious labour of women and children, and the securing of sanitary dwellings, as will increase the resisting power of the community to tuberculosis and other diseases.

That instruction in personal and school hygiene should be given in all schools for the professional training of teachers. That whenever possible such instruction in elementary hygiene should be entrusted to properly qualified medical instructors.

That colleges and universities should be urged to establish courses in hygiene and sanitation, and also to include these subjects among their entrance requirements in order to stimulate useful elementary instruction in the lower schools.

That the Congress endorses and recommends the establishment of playgrounds as an important means of preventing tuberculosis through their influence upon health and resistance to disease.

These resolutions were, as stated above, passed, without a dissentient voice, at a meeting fully representative of the best knowledge of all countries concerning the means practicable for the diminution and final extermination of tuberculosis. It is eminently satisfactory that on such a momentous question there should be practical unanimity of scientific opinion, and of administrative aspirations; and there is thus opened up the prospect of rapid extension of administrative measures against this disease, and of much more rapid decline than in the past of the heavy mortality caused by it.

Owing to the fact that the lectures and papers contributed to the Congress have hitherto only been published in brief abstract, it is not possible for us at the present time to summarise their chief contents. We propose, therefore, as the most practical and useful course we can adopt in the circumstances, to give a short survey of the leading subjects under discussion, and to incorporate therewith a portion of the not less valuable information secured in our critical examination of the direct

means adopted for the prevention of tuberculosis in a number of American and Canadian cities.

At present there is no complete knowledge of the amount of tuberculosis except of the deaths caused by it. The death-rate from pulmonary tuberculosis in different countries so far as it can be ascertained is given in the table on page 15 (Appendix A).

The compulsory Notification of Cases of Pulmonary Tuberculosis.

It is, however, an indispensable preliminary to effective and complete preventive measures against tuberculosis that the public authorities responsible for carrying out these measures should have accurate information of cases of, as well as of the deaths from, the disease occurring within the area over which their jurisdiction extends. This has been more than once recognised at Congresses and Conferences on Tuberculosis, resolutions to that effect having been passed. The resolution quoted on page 4 brings down to date the unanimous decision of the delegates representing the medical science and public health administration of nearly every civilised country in the world. There is now no substantial opposition among those responsible for public health administration to the principle of compulsory notification of cases of tuberculosis. It is already in operation in the towns of Sheffield, Bolton and Burnley in England; and, as was announced at the Congress, notification of all cases of pulmonary tuberculosis occurring in poor law practice in England and Wales will very shortly be secured. In Scotland the statutory obligation resting on the Local Authority to deal with and control infectious disease extends to pulmonary tuberculosis, and no hardship has been experienced therefrom; with the result that compulsory notification of this disease has already been adopted for about 15 per cent. of its total population.* In Ireland a Bill† is at the present time being promoted to secure the notification of cases of pulmonary tuberculosis throughout Ireland, subject to regulations to be issued by the Local Government Board for Ireland. The form which compulsory notification and the associated laws take in the State of New York is shown in the appended copy of the enactment for this State (Appendix B). In the city of New York pulmonary tuberculosis was made voluntarily notifiable in 1893; and in 1897 it became compulsorily notifiable, an admirable system of administrative control of the disease having been organised by Dr. Hermann Biggs.

In Massachusetts an Act was passed in 1907 requiring that every person who knows of a case of infectious or contagious disease in his house or family should notify the Select Men, or Board of Health, within six hours. The householder must

* From facts in possession of the Local Government Board for Scotland it is estimated that at least 20 per cent. of the entire population of Scotland will be under compulsory notification by 1st March 1909.

† Bill received Royal Assent 21st December 1908.

disinfect to the satisfaction of the local Board of Health whatever places or articles have, in their opinion, been exposed to infection. The layman may be fined \$100 for failure to act according to this law, while the attending physician who fails to give such notice is to be fined not less than \$50 nor more than \$200 for each offence. Local Boards of Health, or Select Men, must in turn transmit the information to the State Board of Health. Empowered by a supplementary Act of the same session, this State Board, on August 8th, declared tuberculosis to be among the diseases "dangerous to the public health" and accordingly to fall within the statutory provisions applicable to public health.

Similar enactments are in operation in a majority of the large cities and States of America.

We had no opportunity of ascertaining to what extent the law enforcing notification is operative outside New York, but in New York the notifications are four times as numerous as the deaths, which indicates a more complete notification of cases than has been secured in any area in the United Kingdom in which notification is carried out. In New York there has been a remarkable and steady increase in the number of cases notified since 1897, when compulsory notification was introduced.

It is satisfactory to find that in the light of experience the objections to the compulsory notification of cases of pulmonary tuberculosis are rapidly disappearing.

Experience shows that both in this country and in the United States notification of cases has been valuable to the patient as well as to the community. While it has enabled each Sanitary Authority to carry out the simple precautionary measures needed to prevent spread of infection, it has brought within reach of the patient valuable official and private help, which without such notification would have been absent or deficient in amount or belated in appearance. Not only can the patient be taught how to protect himself from re-infection and his family and fellow-workers from infection, but he can be supplied with spit-bottles and other appliances, he can be guided in obtaining and continuing the necessary medical help, and he can be aided in securing sanatorium treatment. When domestic means fail, the co-operation of charitable agencies and of the Health Authority enables economical and efficient help to be given. In view of these considerations we regard the extension of compulsory notification of pulmonary tuberculosis in the United Kingdom as an indispensable step in the institution of a complete and successful organisation for the suppression of tuberculosis by the co-operation of voluntary and official agencies. As already pointed out this, in some measure, has already been secured; and during our visit at Washington and elsewhere the value of what has already been done in these directions in the United Kingdom was fully recognised.

Co-operation between Official and Non-Official Agencies for the Prevention of Tuberculosis.

We were greatly struck with the extent to which private and public agencies for the prevention of tuberculosis have been successfully co-ordinated, especially in America and in Germany; and there is in the co-operation thus shown much that is interesting to those who are engaged in the battle against tuberculosis in the United Kingdom, although the principles of such co-operation are not new among us and have in fact been largely utilised in Manchester, Edinburgh, London, and elsewhere.

A large proportion of the total papers presented to the Congress dealt with this aspect of the tuberculosis problem, and these papers, when published, will have a high practical value.

A paper by Dr. Farrand, the Executive Secretary of the American National Association for the Study and Prevention of Tuberculosis, laid down the lines of such co-operation; and the experience of the city of New York forms an excellent example of an effective organisation for carrying out the principles involved. With a view to aid the Public Health organisation the Charity Organisation Society of the city, which actively engages in constructive social work of the most valuable character, formed an influential Committee comprising not only the officials of the Public Health service, but also a large number of physicians and other social workers. This Committee then proceeded to arrange for educational and relief work on a large scale. The educational work is further mentioned on page 11.

The relief work was begun by collecting a fund of \$20,000 for giving help to consumptive patients and by arranging for active co-operation with the hospitals and dispensaries already at work. The already existing local agencies of the Charity Organisation Society and of the tuberculosis dispensaries of the city were made the centres from which the new work was carried out. Overlapping of work was found to exist, and to prevent this "The Association of Tuberculosis Clinics of the City of New York" was formed, which immediately began to arrange for allotting a special district to each tuberculosis clinic (dispensary). At the present time, the City of New York (Manhattan) is served by ten tuberculosis dispensaries, of which only one is directly under municipal management. Patients are required to attend the clinic in the district of their residence and whenever application is made to the wrong clinic, the patient is promptly referred to the clinic located in the district of his residence. Patients receive free medical treatment and advice if not able to pay, and are visited regularly in their homes by experienced trained nurses. In some instances, milk and eggs are provided by the clinics as part of the treatment. Aid in the form of clothing,

payment of rent and general charitable relief is given out of special funds administered by the dispensary nurse or, as is more frequently the case, through already existing benevolent organisations. Hospital and sanatorium care is secured for those who need such treatment.

The ruling principle of these dispensaries, as pointed out by Dr. Miller, the President of the Association of Tuberculosis Clinics, is that tuberculous patients "everywhere receive treatment based as much upon the social environment as upon the physical condition of each case. The study of these two factors in their relation to each other is the distinguishing feature of special tuberculosis clinics." Thus organised social science is brought to the aid of medicine. The reports upon the social conditions of the patients are furnished by the Charity Organisation Society investigators and by visiting nurses; and by their aid it has usually been possible to delimitate "the disputed territory of charity and therapeutics" in regard to the distribution of milk and eggs from the clinics.

The plan of co-operation is completed by daily communication with the Public Health Department. Each dispensary keeps a record of all cases treated and of all "delinquent" cases in a book provided by the Health Department. The new cases coming for treatment to the dispensary are reported by telephone every clinic day to the Health Department, and the latter has an arrangement with the dispensary in virtue of which visits and reports by the dispensary nurses are regarded as satisfactory substitutes for visits by the inspectors and nurses of the Health Department. This plan is rendered practicable by the refusal to treat dispensary patients except in their own district. "Delinquent" cases are those not returning to their proper dispensary for a period of one month except while resident in a hospital or sanatorium, or while out of town. Such patients then are visited by the inspector or nurse of the Health Department.

It is impracticable to give here the full details of the organisation in New York, and an account of a complete organisation for the control of tuberculosis would occupy still more space. Active co-operation between the dispensaries and hospitals and sanatoria is sought, and to a large extent obtained, and additional agencies are being arranged to meet the requirements of those who cannot or will not attend the dispensaries.

Relationship between Dispensaries, Sanatoria, and Hospitals for Advanced Cases.

The question of the relationship between dispensaries, sanatoria, and hospitals for advanced cases in the prevention of tuberculosis was much discussed, and considerable advance has been made in our practical knowledge on this subject. Dr. Philip gave an account of his work at Edinburgh in the

control of tuberculosis by means of a well-organised dispensary,* associated with home visitation and help of the patients. He showed how such a dispensary can furnish a chief source of the notifications of pulmonary tuberculosis to the sanitary authority, and how intimately its work can be correlated with that of the sanitary authority, and with a sanatorium and with other means of institutional and domestic help. In the words of the Official Report (p. 4) the result has been "an organised system which has worked well in the district in which it originated, and which the Local Government Board for Scotland has recommended as a national system."

It is becoming better understood that statistics of results of sanatorium treatment need to be compiled on a uniform basis; that statistics fulfilling this condition are hitherto scanty; but that medical experience uniformly supports the conclusion that in a large proportion of the cases treated in sanatoria permanent improvement is secured. It is also becoming appreciated that sanatoria have a most important educative influence, and that, if the number of beds is limited or patients cannot consistently with their livelihood make a long stay in the sanatorium, much good in the public interest can be accomplished by training a large number of patients during such a short stay in habits of life which, so far as their means permit, they will continue afterwards.

Dr. Arthur Latham read a paper in which he argued that sanatoria are essential to the successful treatment of pulmonary tuberculosis on a large scale, and are essential to any scheme directed toward the eradication of the disease, provided they are used intelligently as an important factor and link in a properly co-ordinated system of attack.

Dr. Paterson, of the Frimley Sanatorium, showed how in the sanatorium treatment of consumptives, better medical results can be secured in suitable cases, and the work-tiredness, which is one of the dangers of sanatorium treatment may be avoided, by a system of graduated labour adapted to the individual condition of each patient.

The proceedings of the Congress comprised contributions urging the importance of providing accommodation for patients suffering from pulmonary tuberculosis in an advanced stage. This obligation to a large extent has been met in England and Scotland in infirmaries and other institutions, including an increasing use of public health hospitals for this purpose. In American cities similar provision exists. In New York this provision is made on a very large scale, and the knowledge obtained by notification is leading to a great increase in the provision of hospital accommodation already made.

* A summary of this is given in the "Official Report regarding the Anti-Tuberculosis Movement in Scotland, submitted to the International Congress on Tuberculosis, Washington, 1908, by J. Patten MacDougall, C.B., and R. W. Philip, M.D."

In August 1906 a tuberculosis census was taken in New York of cases of pulmonary tuberculosis at home and in hospitals. The total known cases in Manhattan numbered 22,165, which is over four times the number of deaths from this disease in the same year; and of these cases 1,461, or 6·6 per cent. of the total number were then in institutions. The proportion of the total cases housed in institutions—chiefly advanced cases—although rapidly increasing has been large for a considerable series of years. The removal of these centres of infection from their crowded dwellings—and only those who have seen the crowded tenements of New York can realise the significance of this—must have borne a very large share in securing the steady reduction in the death-rate from tuberculosis experienced by New York.

Director Meyer, of Berlin, in a paper on the care of patients in the advanced stage of pulmonary tuberculosis, dwelt on the risk of infection in such cases, particularly under unfavourable domestic conditions. He emphasised very properly the need for making institutions for such patients as comfortable and agreeable as possible, the idea of segregation not being brought into prominence. He also urged the desirability of holding out some prospect of recovery to each individual patient; a most desirable step, in view of the occasional recovery of apparently hopeless cases.

We had the opportunity of visiting certain day camps, which form a most useful auxiliary to the dispensary and sanatorium. The chief aim of such camps is educational, but patients thus treated day by day, although they return to their city homes at night, commonly show great improvement.

Another useful development of the principle of helping consumptives on economical lines, which can, owing to their small cost, be adopted on a large scale, is the use of night camps. These provide for the necessities of consumptive patients, who are still able to work and cannot afford to leave their work. When the day's work is over, instead of returning to a crowded city home, the patient is admitted to the night camp, where he has the advantage of careful medical aid, of good food and of outdoor conditions of life. Such night camps can be utilised not only educationally in preventing the patient from being any longer a source of risk to his fellow-workmen, but in maintaining the improvement secured by former sanatorium treatment. Their economic value in enabling the wage-earner to continue to earn his livelihood, and in preventing the burden on the communal funds produced by incapacitating sickness is very high.

Educative Effort against Tuberculosis.

The prevention of infection being one of the chief means of diminishing tuberculosis, and tuberculosis being commonly a disease of protracted duration, it is evident that education of the

general public and still more of the patients, forms a most important part of the crusade against the disease. Fortunately the idea of extreme infectivity in tuberculosis is, as knowledge is diffused, giving way to the more sober appreciation of the fact that protracted exposure to and large doses of infection, such as are apt to occur in domestic life under unfavourable conditions, are usually needed to ensure the communication of the disease in its most active form. The more knowledge is diffused concerning tuberculosis, the more readily will reasonable precautions be taken.

In the United Kingdom the educational campaign against tuberculosis has already had much success, the National Association for the Prevention of Tuberculosis having been very helpful in this direction. A most encouraging advance in this direction has recently occurred in Ireland, where, under the auspices of Lady Aberdeen and the Women's National Health Association, a very successful exhibition has been travelling through the country, attracting great attention and exciting marked interest amongst the people who have attended in large numbers to hear the lectures delivered in the various towns throughout the country by eminent medical and other lecturers. The awakening of the Irish people to the necessity of taking action, has been one of the features revealed at the Congress, and the Irish Women's National Health Association shared with New York, as the Voluntary Association doing the best recent work, the honour of dividing the 1,000 dollar prize offered by the exhibition authorities.

Educational agencies for enlightening the public on the natural history and risks of the disease, are being largely employed also in the United States. Of these the "travelling tuberculosis exhibit" is the most popular. Thus, the Boston Association for the relief and control of tuberculosis has an excellent exhibit of maps, charts, models of tents and shacks, sanatorium buildings, photographs, and models of "consumption breeding" tenements, and of inexpensive model housing conditions, along with a set of 200 stereopticon slides, which has already been set up in 15 cities and seen by 92,000 persons during the present year.

The corresponding exhibit of the Committee on the Prevention of Tuberculosis of the Charity Organisation Society of the City of New York is even more elaborate. It is divided into three sections, illustrating respectively the preventibility, communicability, and curability of tuberculosis. It has been shown in various parts of New York, empty premises being taken for the purpose, and in five months there has been a total attendance of over 82,000 persons.

Lectures are given in connection with these exhibitions, and a more recent development has been open air lantern exhibitions.

During the summer, in 25 of the small parks of the city, and at five recreation piers on the river fronts, there were shown, before crowds varying in numbers from several hundred to two or three thousand, a set of stereopticon slides giving in short sentences, easily understood, advice in relation to tuberculosis. Along with these sentences, pictures were thrown upon the screen, which "showed the ways in which the bacilli causing tuberculosis are transmitted, by the cough and expectoration of those who have it, by dust and air filled with particles of their dried sputum. They also showed the effect of the disease on the lungs; how overcrowded, dirty, badly-ventilated rooms and tenements cause and spread it; how these conditions are being remedied by new building laws; how the Department of Health cares for rooms infected with the germs of consumption by fumigation and the removal and disinfection of bedding and furnishings; how it cares for patients in the Riverside Hospital. Finally, there was set forth the possibility of arresting and even curing many cases in country sanatoria, such as that recently opened by the Department at Otisville, Orange County, New York."

Efforts of a similar kind have been undertaken through trades unions and the daily press, with the objects of creating and extending an enlightened public opinion favourable to the control of tuberculosis.

The more immediately valuable educational work is that which is undertaken in connection with actual patients, which concerns both public health authorities and voluntary societies. In addition to the educative work done in the visiting of home-treated cases by doctors and nurses, great educational gain is secured by efficient sanatorium treatment of patients. In Boston, the class method of teaching consumptive patients has proved very successful, a weekly meeting of patients at a convenient centre being utilised not only for educational purposes, but also for mutual help and encouragement.

The teaching of patients in connection with the dispensary treatment pursued in the United States is mentioned in another connection. Experience has shown that there remains a residuum of "unteachable consumptives" who continue to be a source of danger to those who live with them. These difficulties will disappear when the general population has been instructed in general hygiene, which can only be secured, as indicated in the resolution of the Congress, quoted on page 5, when, as urged by Dr. Heron, teachers have been efficiently instructed in hygiene, and when it has been made a chief object of teaching in elementary schools to form healthy habits and to encourage the love of cleanliness and neatness and an out-of-door life.

Bovine and Human Tuberculosis.

Since Dr. Koch at the London Congress on Tuberculosis maintained that bovine tuberculosis is a negligible factor in

human tuberculosis, a large amount of scientific work has been done to elucidate the point at issue ; among the most valuable of such work being that done under the supervision of the British Royal Commission on Tuberculosis, the results of which have been published in interim reports. Further contributions on the same subject were read at the Washington Congress confirming the results arrived at by the Royal Commission that both the human and the bovine types of tuberculosis occur alike in cattle and in men, although in the human being the source of infection probably is much less often of bovine than of human origin.

The Washington Congress unanimously passed the resolution quoted on page 5, and the way is thus cleared for active administrative measures against tuberculosis in man of bovine as well as of human origin.

In conclusion, we commend the resolutions of the Congress printed on pages 4 and 5, with which we concur, to the consideration of His Majesty's Government and of the local municipal and other governing bodies in the United Kingdom. These resolutions embody the main lines on which further action, both of a legislative and administrative character, can be taken to increase the efficiency of our means for dealing successfully with tuberculosis ; and we anticipate that, at the next triennial meeting of the International Congress on Tuberculosis, it will be possible to report more rapid advances in these particulars than have hitherto been practicable.

ARTHUR NEWSHOLME.

J. PATTEN MACDOUGALL.

T. J. STAFFORD.

THE RIGHT HON.

VISCOUNT WOLVERHAMPTON, G.C.S.I.,

Lord President of the Council.

APPENDIX A.

Mean Death-rates per 100,000 of Population from Pulmonary Tuberculosis in certain Countries and Cities in 1902-6.

England and Wales	-	-	-	-	119
London	-	-	-	-	153
Liverpool	-	-	-	-	176
Manchester	-	-	-	-	188
Scotland	-	-	-	-	143
Edinburgh	-	-	-	-	143
Glasgow	-	-	-	-	165
Ireland	-	-	-	-	213
Dublin	-	-	-	-	316
Belfast	-	-	-	-	290
German Empire	-	-	-	-	184 (1902-5)
Berlin	-	-	-	-	203
Hamburg	-	-	-	-	162
Copenhagen	-	-	-	-	145
Registration Area, U.S.A.	-	-	-	-	167
New York	-	-	-	-	234

APPENDIX B.

Chap. 351.

An Act defining the powers and duties of local health officers and boards of health in the matter of the protection of the people of the state of New York from the disease known as tuberculosis.

Became a law, May 19, 1908, with the approval of the Governor. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly do enact as follows :—

Sect. 1. *Reports by physicians and others.*—Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the state of New York, to report in writing, on a form to be furnished as hereinafter provided, the name, age, sex, color, occupation, place where last employed, if known, and address, of every person known by said physician to have tuberculosis, to the health officer of the city, town or village in which said person resides, within twenty-four hours after such fact comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum or other similar private or public institution in said state of New York to report in like manner the name, age, sex, color, occupation, place where last employed if known, and previous address of every patient having tuberculosis who comes into his care or under his observation, within twenty-four hours thereafter.

Sect. 2. *Examination of sputum.*—It shall be the duty of every health officer of a city, town or village, when so requested by any physician, or by authorities of any hospital or dispensary, to make or cause to be made a microscopical examination of the sputum forwarded to him as that of a person having symptoms of tuberculosis, which shall be forwarded to such officer accompanied by a blank giving name, age, sex, color, occupation, place where last employed if known, and address of the person whose sputum it is. It shall be the duty of said health officer promptly to make a report of the results of such examination, free of charge, to the physician or person upon whose application the same is made.

Sect. 3. *Protection of records.*—It shall be the duty of every health officer of a city, town or village to cause all reports made in accordance with the provisions of the first section of this Act, and also all results of examinations, showing the presence of the bacilli of tuberculosis, made in accordance with the provisions of second section of this act, to be recorded in a register of which he shall be the custodian. Such register shall not be open to inspection by any person other than the health authorities of the state and of the said city, town or village, and said health authorities shall not permit any such report or record to be divulged so as to disclose the identity of the person to whom it relates, except as may be necessary to carry into effect the provisions of this act.

Sect. 4. *Disinfection of premises.*—In case of the vacation of any apartment or premises by the death or removal therefrom of a person having tuberculosis, it shall be the duty of the attending physician, or if there be no such physician, or if such physician be absent, of the owner, lessee, occupant, or other person having charge of the said apartments or premises, to notify the health officer of said city, town or village, of said death or removal within twenty-four hours thereafter, and such apartments or premises so vacated shall not again be occupied until duly disinfected, cleansed or renovated as hereinafter provided.

Sect. 5. *Health officer to direct disinfection, cleansing or renovation.*—When notified of the vacation of any apartments or premises as provided in section four hereof, the local health officer or one of his assistants or deputies, shall within twenty-four hours thereafter visit said apartments or premises and shall order and direct that, except for purposes of cleansing or disinfection, no infected article shall be removed therefrom until properly and suitably cleansed or disinfected, and said health officer shall determine the manner in which such apartments or premises shall be disinfected, cleansed or renovated in order that they may be rendered safe and suitable for occupancy. If the health authorities determine that disinfection is sufficient to render them safe and suitable for occupancy, such apartments or premises together with all infected articles therein, shall immediately be disinfected by the health authorities at public expense, or, if the owner prefers, by the owner at his expense, to the satisfaction of the health authorities. Should the health authorities determine that such apartments or premises are in need of thorough cleansing and renovation, a notice in writing to this effect shall be served upon the owner or agent of said apartments or premises, and said owner or agent shall thereupon proceed to the cleansing or renovating of such apartments or premises in accordance with the instruction of the health authorities, and such cleansing and renovation shall be done at the expense of the said owner or agent.

Sect. 6. *Prohibiting occupancy until order of health officer is complied with.*—In case the orders or directions of the local health officer requiring the disinfection, cleansing, or renovation of any apartments or premises, or any articles therein as hereinbefore provided, shall not be complied with within forty-eight hours after such orders or directions shall be given, the health officer may cause a placard in words and form substantially as follows to be placed upon the door of the infected apartments or premises :—
 "Tuberculosis is a communicable disease. These apartments have been occupied by a consumptive and may be infected. They must not be occupied until the order of the health officer directing their disinfection

or renovation has been complied with. This notice must not be removed, under the penalty of the law, except by the health officer or other duly authorised official."

Sect. 7. *Prohibiting carelessness of a person having tuberculosis.*—Any person having tuberculosis who shall dispose of his sputum, saliva, or other bodily secretion or excretion so as to cause offence or danger to any person or persons occupying the same room or apartment, house, or part of a house, shall, on complaint of any person or persons subjected to such offence or danger, be deemed guilty of a nuisance, and any persons subjected to such a nuisance may make complaint in person or writing to the health officer of any city, town, or village where the nuisance complained of is committed; and it shall be the duty of the local health officer receiving such complaint to investigate, and if it appears that the nuisance complained of is such as to cause offence or danger to any person occupying the same room, apartment, house, or part of a house, he shall serve a notice upon the person so complained of, reciting the alleged cause of offence or danger, and requiring him to dispose of his sputum, saliva, or other bodily secretion or excretion in such a manner as to remove all reasonable cause of offence or danger. Any person failing or refusing to comply with orders or regulations of the local health officer of any city, town, or village, requiring him to cease to commit such nuisance, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be fined not more than ten dollars.

Sect. 8. *Protection of patient's family.*—It shall be the duty of a physician attending a patient having tuberculosis to take all proper precautions and to give proper instructions to provide for the safety of all individuals occupying the same house or apartment, and if no physician be attending such patient this duty shall devolve upon the local health officer; and all duties imposed upon physicians by any sections of this Act shall be performed by the local health officer in all cases of tuberculosis not attended by a physician, or when the physician fails to perform the duties herein specified, and shall so report.

Sect. 9. *Providing that physicians shall make a complete statement of procedure and precautions on a blank to be furnished by the health officer, &c.*—It shall be the duty of the local health officer to transmit to a physician reporting a case of tuberculosis, as provided in section one of this act, a printed statement and report, in a form approved by the State Commissioner of Health, naming such procedures and precautions as in the opinion of the said Commissioner are necessary or desirable to be taken on the premises of a tuberculosis patient. It shall be the duty of the local health authorities to print and keep on hand an ample supply of such statements and reports, and to furnish the same in sufficient numbers to all local physicians. Upon receipt of such statement and report, the physician shall either carry into effect all such procedures and precautions as are therein prescribed, and shall thereupon sign and date the same and return it to the local health officer without delay, or, if such attending physician be unwilling or unable to carry into effect the procedures and precautions specified, he shall so state upon this report, and immediately return the same to the local health officer, and the duties therein prescribed shall thereupon devolve upon said local health officer, who shall receive the fee hereinafter provided as payment of the services of the physician if he comply with the duties herein prescribed. Upon receipt of this statement and report the local health officer shall carefully examine the same, and, if satisfied that the attending physician has taken all necessary and desirable precautions to insure the safety of all persons living in the apartments or premises occupied by the person having tuberculosis, the said local health officer shall issue an order upon the treasurer of the city, town or village in favor of the attending physician for the sum of one dollar, thereupon to be paid out of a fund which shall be provided by said city, town, or village. If the precautions taken or instructions given by the attending physician are, in the opinion of the local health officer, not such as will

remove all reasonable danger or probability of danger to the persons occupying the said house or apartments or premises, the local health officer shall return to the attending physician the report with a letter specifying the additional precautions or instructions which the health officer shall require him to take or give; and the said attending physician shall immediately take the additional precautions and give the additional instructions specified and shall record and return the same on the original report to the local health officer. It shall further be the duty of the local health officer to transmit to the physician reporting any case of tuberculosis a printed requisition, in a form approved by the state commissioner of health, and printed by the local health authorities and issued in sufficient number to supply local physicians. Upon this requisition blank, shall be named the materials kept on hand by the local health officer for the prevention of the spread of tuberculosis, and it shall be the duty of the local health officer to supply such materials as may be specified in such requisition. Any physician may return a duly signed requisition to the local health officer for such of the specified materials and in such amount as he may deem necessary to aid him in preventing the spread of the disease, and all local health officers shall honor, as far as possible, a requisition signed by the attending physician in such case. It shall be the duty of every local health officer to transmit to every physician reporting any case of tuberculosis, or to the person reported as suffering from this disease, provided the latter has no attending physician, a circular of information approved by the state commissioner of health and which shall be provided in sufficient quantity by the local health authorities. This circular of information shall inform the consumptive of the best methods of treatment of his disease and of the precautions necessary to avoid transmitting the disease to others.

Sect. 10.—*Penalty for failure of physician to perform duties or for making false reports.*—Any physician or person practising as a physician who shall knowingly report, as affected with tuberculosis, any person who is not so affected, or who shall wilfully make any false statement concerning the name, age, sex, color, occupation, place where last employed if known, or address of any person reported as affected with tuberculosis, or who shall certify falsely as to any of the precautions taken to prevent the spread of infection, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of not more than one hundred dollars.

Sect. 11. *Reporting recovery of patient.*—Upon the recovery of any person having tuberculosis, it shall be the duty of the attending physician to make a report of this fact to the local health officer, who shall record the same in the records of his office, and shall relieve said person from further liability to any requirements imposed by this Act.

Sect. 12. *General penalty.*—Any person violating any of the provisions of this Act shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished, except as herein otherwise provided, by a fine of not less than five dollars nor more than fifty dollars.

Sect. 13. *Repealing all Acts, &c.*—All acts and parts of acts contrary to or inconsistent with the provisions of this act are hereby repealed, except that no portion of this act shall apply to the city of New York, nor shall the passage of this act modify or repeal any of the provisions of the charter of the city of New York, or any rule or regulation issued by the Department of Health of said New York City.

Sect. 14. This act shall take effect immediately.

STATE OF NEW YORK, }
Office of the Secretary of State. } ss.

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

JOHN S. WHALEN,
Secretary of State.